

## Nairobi:

Ukulima Co-op House; P.O. Box 44071 - 00100 Nrb; Tel: +254-20-2785000, Cell: 0720-179991, 0721-611161

Bahman Trust Blg, Mikindani Street, P.O. Box 86051-80100 Msa, Tel: 020-2785250,

Kisumu: United Mall, Ground Flr, Wing A, P.O. Box 1378-40100 Ksm Tel: 020-2785400, 041-2616972, 041-2312444. | 057-2020169

AFC Building, Kisumu Rd,

Opp. Huduma Centre

Kakamega:

Eldoret: Sirikwa Hotel Blg, P.O. Box 6703-30100 Eld, Tel: 020-2785200, 053-2032346

Eastern Emporium Blg, Kenyatta Avenue, P.O. Box 992- 60100 Embu. Tel: 020-2785300

Nakuru:

KFA Building, Geoffrey Kamau Way, Tel 020-2785350

Kisii:

Mocha Place, Kisii-Ksm Highway, Tel: 020-2785450

Meru: Green wood city mall, Mwendatu Road. Tel: 020 27858700

PART I: DETAILS OF THE	WITHDRAWEE (GUARANTOR)	!		
Member's Full Name		P/No		
ID/No		Mobile No		
Address		Date		
PART II: DETAILS OF THE	E BORROWER AND GUARANTE	EED LOAN		
We have received your with	drawal claim form /	dated		
We are however unable to p	rocess the same because you had g	guaranteed Member No _		
ID No	P/No	Mobile No	Mobile No	
whose Loan No BLN	is st	till outstanding. Please av	ail an alternative guarantor to	
take over your obligations as	s regards the loan for your withdra	awal claim /	to be processed.	
PART III: DETAILS OF TH	E ALTERNATIVE GUARANTOR	<u> </u>		
(Fill in triplicate and attach	a copy of ID on each)			
Name				
	ID/No			
Address	Signatu	re	Date	
PART IV: ENDORSEMENT	BY BRANCH OFFICIAL			
Name		Status		
Signature		Date	Date	
PART V: GUARANTORS	CONTROL UNIT (FOR OFFI	CIAL USE ONLY)		
Substitution of Guarantor ef	fected By:			
Name	Signature	Stam	p & Date	